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Borough of Royal Leamington Spa.

Report

OF

School Medical Officer

FOR

1912.

Leamington Spa:
COURIER LIMITED, PRINTERS, CHURCH WALK.

Leamington Spa Education Committee.

REPORT

OF

SCHOOL MEDICAL OFFICER

FOR 1912.

Leamington Spa:
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Borough of Royal Leamington Spa.

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The Very Rev. Wm. Canon Barry, D.D.
The Rev. Ebenezer Jolliffe.
Mr. J. Gameson.

MEDICAL INSPECTION STAFF.

School Nurse	Lucy E. Pierce.
Clerk	G. H. Hammond.
School Medical Officer	H. Gibbons Ward, M.D., Ch.B., D.P.H.

Public Health Department,
12, Hamilton Terrace,
Leamington Spa,
April, 1913.

To the Chairman and Members of the Leamington Spa Education Committee.

Ladies and Gentlemen,

I beg to submit the report on the Medical Inspection of School Children in the Borough for the year 1912.

The number of children inspected during 1912 was slightly less than in 1911, the respective totals being 603 and 620.

During the first eight months of the year the inspections were carried out by your late Medical Officer, Dr. E. Burnet. Those for the remaining four months were done by myself.

Owing to the change mentioned above, this report is, of necessity, in some particulars incomplete, and for this I ask your indulgence.

The School Inspection Clinic has continued as before, with a few minor alterations referred to in the Report, and shows a record of increased usefulness. The large number of cases of Ringworm is worthy of note—66 cases, who paid 3,492 attendances.

The work of the School Nurse has increased in amount and importance, and much credit must be given to Miss Pierce for the excellent and painstaking way in which she has carried out her duties.

The recording of results found at inspections, and much other clerical work, has been accurately carried out by Mr. G. H. Hammond.

I am indebted to Mr. Mellows and his staff, the Teachers, and the School Attendance Officer, for much help; and to you, Ladies and Gentlemen, for your kind consideration.

I am,
Your obedient servant,
H. GIBBONS WARD.

REPORT OF SCHOOL MEDICAL OFFICER FOR 1912.

The Borough of Royal Leamington Spa has a population estimated to be 26,690 at the middle of 1912. The area of the District is 2,760 acres, Leamington Priors claiming 1,572, New Milverton 684, and Lillington 504.

NUMBER OF CHILDREN IN AVERAGE ATTENDANCE, four weeks ending NOV. 8th, 1912.

Table I.

NON-PROVIDED SCHOOLS.

No.	Name of School.	No. in Attendance.	Percentage.
1	National (C. of E.) Mixed	247	94
	,, Infants	85	81
2	Lillington (C. of E.) Mixed	70	93
	,, Infants	24	63
3	Wesleyan, Mixed	132	97
4	St. Paul's (C. of E.) Mixed	152	97
	,, Infants	69	81
5	St. Peter's (R.C.) Boys	95	98
6	,, Girls	113	93
	,, Infants	99	92
		1086	88·9

Table II.

PROVIDED SCHOOLS

7	Clapham Terrace, Mixed	375	96
	,, Infants	177	89
8	Leicester Street, Boys	227	96
	,, Girls	234	94
	,, Infants	173	81
9	Milverton, Mixed	322	96
	,, Infants	118	91
10	Shrubland Street, Boys	243	96
	,, Girls	224	95
	,, Infants	205	87
		2298	92

There are 10 Public Elementary Schools with 20 Departments. Of these, 6 Schools with 10 Departments are Non-Provided.

THE LEAMINGTON ELEMENTARY SCHOOLS.

Reference was made in the Report for 1911 to the structural changes at St. Paul's and the National Schools, so that, though these changes were completed during 1912, no more need be said of them, save that from the point of view of a newcomer, they appear to have been excellently devised and carried out.

The old St. Peter's Boys' School has now been demolished, and a new school is rising on the site, which will, no doubt, compare more than favourably with the other schools of the Borough as a hygienic centre for Education.

Amongst minor, but, none the less, most important improvements, may be mentioned, the erection of moveable partitions at Lillington, Leicester Street, and Shrubland Street Schools; these, though primarily supplied from an educational point of view, yet are of considerable hygienic value, since they facilitate the regulation of ventilation.

At Leicester Street, Shrubland Street, Milverton, Clapham Terrace, and St. Peter's, the Infants' Schools have been much improved by the removal of galleries, and the consequent prevention of the accumulation of dust and dirt for long periods in rooms where infants are kept for a considerable part of each day. This change has been accompanied in several schools by the provision of armchairs for the smaller children; this will, I am sure, be found of much benefit, since the back of any child aged three or four is in such a plastic condition as to respond to any adverse influence, such as the strain entailed by having to sit upright for considerable periods of time without any external support.

THE SCHEME OF MEDICAL INSPECTION.

During the early part of 1912, the scheme remained the same as that of the previous year, but during the latter part it was deemed advisable to alter it in some of its details, in order to render it more easy to carry out, and to make the visits to the schools more regular as regards time. A circular letter was sent to the Head Teachers, in which the following changes were indicated:—

(1) The visits to the Schools for the specific purpose of Medical Inspection are only to be made once per year, thus preventing undue disturbance of educational work, and rendering it possible to draw up a programme of visits at the beginning of the year. Any other visits, such as those for re-inspection purposes, to be made at more frequent intervals of two or three months, and those made in order to trace cases of infectious illnesses at such times as occasion warrants.

(2) The children to be examined to be confined to the groups conforming to the requirements of the Board

of Education, namely, Entrants and Leavers (a definition of these terms is given below). The addition of a third group of an intermediate age was left for later consideration. (This group, age 7, will be included in the inspections of 1913).

Entrants were described as " those children who are not yet six years of age, and have not been previously examined."

Leavers " those children who are expected to leave within 12 months of the date of inspection."

The cards used for recording the condition of the children have been changed, a simpler one having been adopted which conforms exactly to the one suggested by the Board of Education, in all save one particular, in the Leamington cards the measurement of the chest is included. Though this card is simpler than the one previously in use, yet all the conditions found can be recorded on it, quite as easily as on the previous one.

The keeping of these cards is also a subject which has come up for consideration by your Committee, and I am glad to say that you have endorsed the principle of keeping the cards at the Schools; this, I think, is necessary for two reasons, firstly, because it lessens the amount of work at the Central Office, whilst not increasing it appreciably at the various Schools. Secondly, and more important still, the presence of the record cards at the Schools increases the interest which the teacher naturally has in the physical condition of the children, since he is at any time able to refer to the condition at the last inspection, and to act accordingly, if the child shows any evident sign of ill-health. From every point of view, I consider the keeping of two complete records of the condition of the children, in one central office, a waste of valuable and instructive material.

As before, the cards, directly after the inspection has taken place, are brought to the Central Office, where the particulars are entered on record sheets for future reference; afterwards they will be returned to the Schools.

In all cases the children are to be examined at the Schools, though it may be necessary to refer some, for more complete and thorough examination, to the Office.

Parents have not been present at many examinations; they seem now to appreciate the procedure in its true light, and to recognise that, if they have any special desire for information regarding the condition of their child, they will be very welcome at the time of examination.

I would wish to lay stress on the willing help given by all the Teaching Staff. When it is remembered that Medical Inspection lays more duties on their shoulders in addition to their ordinary ones, which are by no means light, the fact that this extra work is so willingly borne says much for the personal interest which they take in the welfare of the children.

Table III.

NUMBER OF CHILDREN EXAMINED IN 1912 AT VARIOUS AGES.—BOYS.

Age.	3	4	5	6	7	8	9	10	11	12	13	14	Tls.
Clapham Ter...	1	20	23	10	3	1	4	1	2	3	3	1	72
Leicester Street	—	—	—	—	—	—	—	1	—	—	—	—	1
Milverton ...	—	—	—	—	—	—	—	—	—	—	3	3	6
Shrubland St...	18	19	33	—	—	—	—	—	—	—	45	6	121
National ...	6	9	12	1	—	—	—	—	—	—	26	—	54
St. Paul's ...	2	5	20	2	—	—	—	—	—	—	7	4	40
St. Peter's ...	—	—	—	—	—	—	—	—	—	—	2	—	2
Wesleyan ...	—	—	—	—	—	—	—	—	—	—	—	1	1
Totals ...	27	53	88	13	3	1	4	2	2	3	86	15	297

TABLE IV.

NUMBER OF CHILDREN EXAMINED IN 1912 AT VARIOUS AGES.—GIRLS.

AGE.	3	4	5	6	7	8	9	10	11	12	13	14	Tls.
Clapham Ter...	3	16	28	20	3	2	—	2	2	1	5	5	87
Leicester Street	—	—	—	—	—	—	—	—	1	—	—	—	1
Milverton ...	—	—	—	—	—	—	—	—	—	—	2	1	3
Shrubland St...	20	22	31	8	—	—	—	1	—	1	31	5	119
National ...	6	7	20	—	—	—	—	—	—	—	25	—	58
St. Paul's ...	3	12	10	1	—	—	—	—	—	—	6	—	32
St. Peter's ...	—	—	—	—	—	—	—	—	—	—	3	1	4
Wesleyan ...	—	—	—	—	—	—	—	—	2	—	—	—	2
Totals ...	32	57	89	29	3	2	—	3	5	2	72	12	306

This Table shows that the number of children examined was 603—297 boys and 306 girls. The fact that the numbers examined are so irregularly distributed throughout the various Schools explains the discrepancy between the actual number in the classes which should have been examined, viz., Entrants and Leavers, and the number who were examined in 1912. This can only be accounted for by the change of School Medical Officer, with the resultant change in method of administration.

Table V.
PREVIOUS DISEASES OF CHILDREN.

	Entrants.		Leavers.		Total.
	Boys.	Girls.	Boys.	Girls.	
Infectious Diseases:—					
Measles	43	61	48	57	204
Whooping Cough ...	37	40	25	26	128
Chicken Pox	19	12	13	22	66
Mumps	5	5	21	12	43
Diphtheria...	1	—	3	2	6
Scarlet Fever	2	3	4	9	18
Influenza	—	—	1	3	4
Rheumatism	—	—	2	2	4
Tonsillitis	—	—	—	2	2
Ringworm	—	—	1	—	1
Enteric Fever	—	—	—	1	1
Lung Diseases:—					
Pneumonia...	1	1	—	6	8
Bronchitis	—	1	1	1	3
Miscellaneous:—					
Cervical Glands... ...	—	—	1	—	1
Jaundice	—	—	1	1	2
Otorrhoea	—	—	—	1	1
Hernia	—	—	1	—	1
Fits	—	—	1	—	1

PREVIOUS DISEASES OF CHILDREN.

Table V. shows the various diseases from which the children have suffered previous to Medical Inspection, the information having been obtained in practically all cases from the questions asked on the admission form. I have for the purpose of preparing this Table, with a view to simplicity, divided the children arbitrarily into Entrants and Leavers.

There cannot be the least doubt that these returns are incomplete, both with regard to Infectious Diseases, and even more so with regard to other Diseases; in fact, they refer almost entirely to Infectious Disease, as would be expected from the questions asked. It would be well in the future, I think, that more stress should be laid on Non-Infectious Diseases; in other words, that a more careful enquiry should be made as to the previous health of the child. Enquiry concerning Infectious Disease incidence should not be less active, but that concerning other diseases should be more thorough and complete.

On looking through the Table, it will be seen that Measles heads the list with a total of 204, a percentage of 33.8 of the total number of children examined. Whooping Cough comes next with 128, or 21.2 per cent.; then Chicken Pox with 66, or 10.9 per cent. This is the order one would naturally expect from the incidence of Infectious Diseases observed during routine work, but it does not in my opinion indicate with any accuracy the actual number of these children who have suffered from the diseases; this may be due to the fact that the parents in many cases consider Measles inevitable and harmless, and so directly the illness is over dismiss it from their minds immediately with considerable relief. When one asks the question, " Has such a child had Measles ?" they are doubtful whether he or another member of the family or both have suffered from the disease.

CLOTHING AND FOOTGEAR.

Out of 603 children, 105, or 16.6 per cent., were found to be ill-clad to a greater or less degree; this number is large, and in explanation it is necessary to say that all cases are included in it, whether of comparatively little importance or otherwise.

In 10 cases, or 1.6 per cent., 7 girls and 3 boys, the children were grossly ill-clad, and were suffering accordingly; the attention of the parents was called to this condition, and it was immediately remedied.

It might also be mentioned that in not a few cases seen the children were obviously overclad, and suggestions were made with a view to producing a more rational method of clothing.

In making these statements of conditions found, the fact must not be overlooked that the parent, having been notified of the inspection, takes care that the child shall, for that occasion at any rate, have sufficient clothing on, though the same may be subsequently removed; in other words, the children are dressed for the day. For this reason, the number of seriously ill-clad children is probably normally rather greater than the one mentioned above.

HEIGHT, WEIGHT, AND CHEST MEASUREMENT.

The appended Tables show the averages of these measurements taken in the various Schools, and compared with those given by the Anthropometric Committee, the averages of the measurements of the Leamington children examined during 1912 have also been worked out, and give a basis for comparison of the various Schools. It must be remembered, however, that in some cases the number of children examined was so small as to render the averages of very little value; this remark is particularly applicable to all ages between 6 and 13 years.

Table VI.

AVERAGE HEIGHTS IN INCHES.—BOYS.

Age.	3	4	5	6	7	8	9	10	11	12	13	14
Anthropometric Committee ...	—	—	41.0	44.0	45.9	47.1	49.7	51.8	53.5	54.9	56.9	59.3
Leamington Average	38.1	39.3	41.6	40.7	46.8	50.0	49.7	50.6	57.0	53.5	57.4	59.5
Clapham Terrace ...	40.0	38.8	39.9	40.0	46.8	50.0	49.7	50.0	57.0	53.5	56.4	—
Leicester Street ...	—	—	—	—	—	—	—	—	—	—	—	—
Milverton	—	—	—	—	—	—	—	—	—	—	59.3	—
Shrubland Street ...	38.0	40.3	42.6	—	—	—	—	—	—	—	57.3	59.8
Lillington	—	—	—	—	—	—	—	—	—	—	—	—
National	38.0	38.6	42.2	44.0	—	—	—	—	—	—	57.8	—
St. Paul's	38.5	39.0	42.5	42.5	—	—	—	—	—	—	57.2	59.2
St. Peter's	—	—	—	—	—	—	—	—	—	—	—	—
Wesleyan	—	—	—	—	—	—	—	—	—	—	—	—

TABLE VII.

AVERAGE HEIGHTS IN INCHES.—GIRLS.

AGE.	3	4	5	6	7	8	9	10	11	12	13	14
Anthropometric Committee ...	—	—	40·6	42·9	44·5	46·6	48·7	51·0	53·1	55·7	57·8	59·8
Leamington Average	37·0	39·0	41·1	44·1	45·6	42·5	—	48·0	55·0	64·0	58·3	56·8
Clapham Terrace ...	37·1	38·7	42·1	43·7	45·6	42·5	—	48·0	55·0	64·0	62·7	59·7
Leicester Street ...	—	—	—	—	—	—	—	—	—	—	—	—
Milverton	—	—	—	—	—	—	—	—	—	—	61·6	—
Shrubland Street ...	36·9	39·8	41·4	45·3	—	—	—	—	—	—	57·5	54·2
Lillington	—	—	—	—	—	—	—	—	—	—	—	—
National	36·1	38·1	40·0	—	—	—	—	—	—	—	57·6	—
St. Paul's	39·6	38·9	40·3	44·0	—	—	—	—	—	—	60·0	—
St. Peter's	—	—	—	—	—	—	—	—	—	—	—	—
Wesleyan	—	—	—	—	—	—	—	—	—	—	—	—

TABLE VIII.

AVERAGE WEIGHT IN LBS.—BOYS.

AGE.	3	4	5	6	7	8	9	10	11	12	13	14
Anthropometric Committee ...	—	—	39·9	44·4	49·7	54·9	60·4	67·5	72·0	76·7	82·6	92·0
Leamington Average	32·8	35·0	39·0	39·9	51·0	52·0	55·6	62·0	63·0	60·1	77·2	85·5
Clapham Terrace ...	35·0	34·8	37·0	39·8	51·0	52·0	55·6	62·0	63·0	60·1	73·8	—
Leicester Street ...	—	—	—	—	—	—	—	—	—	—	85·6	—
Milverton	—	—	—	—	—	—	—	—	—	—	—	—
Shrubland Street ...	32·3	36·7	39·8	—	—	—	—	—	—	—	78·3	90·2
Lillington	—	—	—	—	—	—	—	—	—	—	—	—
National	34·3	33·3	38·7	38·0	—	—	—	—	—	—	77·2	—
St. Paul's	32·5	37·8	40·4	41·5	—	—	—	—	—	—	72·9	78·6
St. Peter's	—	—	—	—	—	—	—	—	—	—	—	—
Wesleyan	—	—	—	—	—	—	—	—	—	—	—	—

TABLE IX.

AVERAGE WEIGHT IN LBS.—GIRLS.

AGE.	3	4	5	6	7	8	9	10	11	12	13	14
Anthropometric Committee ...	—	—	39.2	41.7	47.5	52.1	55.5	62.0	68.1	76.4	87.2	96.7
Leamington Average	33.3	35.1	38.2	41.8	44.0	41.5	—	50.2	66.0	70.0	81.8	79.6
Clapham Terrace ...	32.1	34.5	39.0	40.1	44.0	41.5	—	50.2	66.0	70.0	72.7	85.9
Leicester Street ...	—	—	—	—	—	—	—	—	—	—	—	—
Milverton	—	—	—	—	—	—	—	—	—	—	110.0	—
Shrubland Street ...	33.2	36.2	38.5	44.4	—	—	—	—	—	—	81.2	73.5
Lillington	—	—	—	—	—	—	—	—	—	—	—	—
National	31.1	32.8	36.7	—	—	—	—	—	—	—	77.3	—
St. Paul's	40.0	35.0	37.9	44.0	—	—	—	—	—	—	80.7	—
St. Peter's	—	—	—	—	—	—	—	—	—	—	—	—
Wesleyan	—	—	—	—	—	—	—	—	—	—	—	—

The Anthropometric Committee's weights are inclusive of clothes; those of Leamington are exclusive of frocks and boots.

TABLE X.

MEAN CHEST-MEASUREMENTS IN INCHES.—BOYS.

AGE.	3	4	5	6	7	8	9	10	11	12	13	14
Total Number examined 603	59	110	177	42	6	3	4	5	7	5	158	27
Leamington Average	20.4	20.5	20.9	21.1	23.1	23.5	23.8	25.0	25.0	25.0	27.0	27.2
Clapham Terrace ...	21.0	20.0	20.7	21.1	23.1	23.5	23.8	25.0	25.0	25.0	26.5	—
Leicester Street ...	—	—	—	—	—	—	—	—	—	—	—	—
Milverton	—	—	—	—	—	—	—	—	—	—	29.2	—
Shrubland Street ...	20.3	20.9	21.2	—	—	—	—	—	—	—	27.1	28.2
Lillington	—	—	—	—	—	—	—	—	—	—	—	—
National	21.1	20.7	21.0	21.0	—	—	—	—	—	—	26.7	—
St. Paul's	20.0	20.7	21.2	21.5	—	—	—	—	—	—	27.1	25.9
St. Peter's	—	—	—	—	—	—	—	—	—	—	—	—
Wesleyan	—	—	—	—	—	—	—	—	—	—	—	—

TABLE XI.

MEAN CHEST-MEASUREMENTS IN INCHES—GIRLS.

AGE.	3	4	5	6	7	8	9	10	11	12	13	14
Leamington Average	19.8	20.1	20.4	20.9	22.0	21.7	—	23.1	26.5	27.0	27.2	26.3
Clapham Terrace ...	19.6	19.6	20.2	20.7	22.0	21.7	—	23.1	26.5	27.0	26.0	27.3
Leicester Street ...	—	—	—	—	—	—	—	—	—	—	—	—
Milverton	—	—	—	—	—	—	—	—	—	—	29.6	—
Shrubland Street ...	20.0	20.3	20.7	21.5	—	—	—	—	—	—	27.8	25.3
Lillington	—	—	—	—	—	—	—	—	—	—	—	—
National	19.6	20.2	20.4	—	—	—	—	—	—	—	26.7	—
St. Paul's	19.5	20.4	19.9	22.0	—	—	—	—	—	—	27.3	—
St. Peter's	—	—	—	—	—	—	—	—	—	—	—	—
Wesleyan	—	—	—	—	—	—	—	—	—	—	—	—

CLEANLINESS OF HEAD AND BODY.

Under this heading are included the various verminous conditions which are still unfortunately found in our Schools; in fact, by far the major portion of children reported as being unclean are so reported because they are in a verminous state. It seems almost incredible that people should be found in these days of much inspection and supervision who acquiesce in such a state of affairs, and regard it as a natural and non-preventible occurrence; but this is so, and, moreover, it is usually those responsible for the worst cases who are the most certain of their own innocence, and are the most difficult to deal with.

Thirty-three children, or 5.47 per cent., were found to be in a markedly verminous condition. Of these, 23 were girls and 10 boys; that is to say, of the total number of girls examined 7.5 per cent. were infested with vermin, and 3.3 per cent. of the boys were in a similar condition. These numbers only include those children who were in a really bad state, and were in need of immediate attention. These cases were excluded, and were not re-admitted until, on examination, they were found to be in a cleanly condition—usually in less than a week.

140 children were noted as having evidences of a recent verminous condition; this is a very large number—23.3 per cent. of the total examined. It must be remembered, however, that the 33 children mentioned above were sufficient to infect this number for a transitory period, with the result that marks were found.

It was evident that frequent visits would have to be made by the Nurse to the Schools, for the purpose of systematically supervising the cleanliness of the children, and this is now being carried out as a routine procedure. This work is, as may be imagined, very disagreeable, and too much credit cannot be accorded to the Nurse for the zeal and energy she has shown in the attempt to procure a more satisfactory state of affairs.

NUTRITION.

It is somewhat difficult to establish a standard of nutrition, and consequently the results vary much with the Inspecting Officer, which makes comparison difficult.

In estimating the nutrition of the child it is not possible to go by weight and measurement alone, though, of course, these are of considerable value. For example, one would not consider a fat, flabby child as well nourished; firmness and muscular development of the limbs must be taken into account before giving an opinion.

In recording the condition, figures were used as follows: III. was taken as indicating a normal child, whilst IV. showed that the child was physically above the normal; II. that the nutrition was not satisfactory; and I., that the condition of the child was such as to need immediate attention.

24 children were found to be in a poor condition, *i.e.*, came under the heading of II.; none were found serious enough to warrant being put under heading I. Of these 24, *i.e.*, 3.9 per cent. of the 603 examined, 13 were boys and 11 girls. In all cases the parents were seen and advised as to the proper course to pursue.

TEETH.

389 children, or 64.5 per cent., were found to have carious or decayed teeth; this total includes both Caries of the Temporary and the Permanent Sets.

Of the defects of temporary teeth, little of value can be said; unless the mouth is in an exceptionally foul condition it is almost impossible to obtain any treatment.

In 135 cases, permanent teeth were found to be affected; this is a much more serious condition, and must be dealt with in detail. In order to simplify the results, I have divided the cases into two classes, and these again according to sex:

(1) Those cases where there were less than four carious teeth.

(2) Those cases where four or more teeth were found to be affected.

CARIOUS PERMANENT TEETH.

LESS THAN 4 CARIOUS.		4 OR MORE CARIOUS.	
Boys.	Girls.	Boys.	Girls.
59 or 19.8 %	52 or 17 %	12 or 4 %	12 or 3.9 %
Total 111.		Total 24.	

No advantage is to be gained in this Report by comparing the incidence of Dental Caries in the various Schools, since some of the Schools have not been examined, and others not completed; but the fact that 135 children out of a total of 603 examined, or 22.3 per cent., have dental defects such as these before the age of 15 years is a matter for very serious consideration.

The parents of all these children were advised, either personally or by letter, to seek relief, and special care was taken to impress on the parents of those children whose teeth were seriously affected the necessity for immediate attention.

It must be confessed, however, that these efforts have met with somewhat scant success, principally because of the indifference of the parents, combined with a natural, though none the less unwise, objection to submitting the child to any painful procedure.

It is hoped that, by constantly reminding the parents of their duty in this matter, there will be a considerable improvement in the teeth of the children, though I fear that it will not be until some scheme of treatment for this condition is adopted by the Authority that we can reasonably hope to reach any much improved standard. We can hardly expect that any voluntary agency should make provision for dealing with this large number of cases.

Several children who were inspected had had teeth filled.

ENLARGED TONSILS AND ADENOIDS.

54 children were found on examination to be suffering from Respiratory Obstruction in the form of Enlarged Tonsils or Adenoids, or from both of these conditions; this is, roughly, 9 per cent.

The numbers affected by the respective conditions were as follows:—

	Boys.	Girls.	Total.
Enlarged Tonsils & Adenoids	3	2	5
Enlarged Tonsils	17	23	40
Adenoids	7	2	9
	27	27	54

Besides this number, there were many cases where slight Enlargement of the Tonsils was noted, and others where the presence of Adenoids was suspected, though not specially marked. In connection with this point, one may remark that there is difficulty in some cases in actually proving the presence of Adenoids, unless one palpates the Naso-Pharynx. This is done by some School Medical Officers, but is, in my opinion, unjustifiable in the routine examination of school children. In the above table only those cases have been included which showed actual symptoms of the presence of adenoids.

As in the case of other defects, the parents were personally interviewed and urged to obtain treatment; but, though knowledge has increased much on this subject, and perhaps the parent does not now need so much convincing, yet there are many who consider the necessary operation as needless and dangerous. The element of danger certainly is present to some small extent, and one must recognise the fact, but this must not prevent the work from being carried out. Given due care in the conduct of the operation, as is usual, together with insistence on post-operative breathing exercises by the parents and teachers, the most satisfactory results may be expected. Too much stress cannot be laid on the fact that the child must be taught afresh how to breathe properly. In some cases the parents do this, and are aided by the instruction of the teacher, but in other instances the parent is apathetic, and the after treatment falls wholly on the teacher.

Whilst on the subject of Nasal Obstruction, I would like to urge on the teachers, especially in Infant Departments, the necessity of conducting at the beginning of each school session a Handkerchief Parade, accompanied by instruction in the art of blowing the nose. It is astonishing how many children are ignorant of this art, with the result that its neglect leads to stoppage of the nose and mouth breathing, not to mention the often unsightly and unhygienic condition of the child's face. In some of the Schools I know this is carried out; I do not know whether in all, but its importance is obvious.

ENLARGED CERVICAL & SUBMAXILLARY GLANDS.

The presence of Enlarged Glands usually indicates the existence of some irritative or inflammatory condition of parts in the neghbourhood, and so in most cases it must be considered not as a disease in itself, but as a symptom of some trouble in a neighbouring part. If this primary trouble is removed, it will be followed in most cases by the disappearance of the glandular enlargement.

237 children, or 39.3 per cent. of those examined, were found to have Enlarged Glands, either of the Cervical or Submaxillary Groups. This number is very large, but includes 184 cases who had only very slight enlargement such as usually follows Defective Teeth, Slightly Enlarged Tonsils, or the presence of Vermin in the hair. These slight cases are of minor importance, and usually quickly respond to the removal of the cause. But it must be remembered that glands, when in a state of chronic inflammation such as this, form a very suitable soil for the implantation and growth of Tubercile Bacilli.

53 children, or 8.8 per cent., were found to have glandular enlargement sufficiently marked to call for special comment. In the case of 22 of these the cause was apparent: either Carious Teeth, Enlarged Tonsils, or Adenoids.

30 girls were affected (9.8 per cent.) as against 23 boys (7.7 per cent.); this is probably to be accounted for to some extent by the fact that the heads of girls are much more liable to the attacks of vermin, owing to the length of the hair.

SPEECH.

In 7 children, speech was found to be abnormal; 5 of these had a marked nasal intonation only, and in all of them Enlarged Tonsils and Adenoids were present in some degree. Correction of the respiratory obstruction would be followed by correction of the speech defect.

Of the two other cases, one was a "Stammerer," and the speech of the other was characterised by extremely slow pronunciation. The Teacher was taking much pains with the former, who had improved of late; the latter, only a young child, also showed signs of improvement under careful instruction.

DEAFNESS AND EAR DISEASE.

Nine children, 5 boys and 4 girls, were found to be suffering from deafness. This number does not include those whose defect of hearing was due solely to the presence of wax in the ear.

The acuity of hearing is tested as follows:—The child, placed at a distance of 20 feet, is asked to call out words or numbers uttered by the observer in a forced whisper. Each ear is tested separately by closing in turn with the finger the one not under test; the child faces either to one side or the other with the view of preventing lip reading. The degree of deafness is ascertained by varying the distance between the child and the observer.

In all cases the attention of the parent was called to the condition, and in two or three instances there has been some improvement after treatment.

The cases of deafness due to the presence of wax were easily remedied by syringing.

Four boys and one girl were found to have discharging ears, and, as they were offensive, the children were excluded. In one of the cases a large abscess had formed over the Mastoid region. Immediate attention was advised, and the necessary operation performed.

DEFECTS OF VISION.

Of 603 children medically inspected, one can only report on the Visional Acuity of 156, for two reasons: firstly, because Leavers only could be examined in the usual manner by Snellan's Types, and, secondly, because there are no records of the tests of vision of children examined during the early part of the year.

The results of the testing of vision may be shortly expressed as follows, the most serious defect in either of the two eyes only being considered:—

	$\frac{6}{9}$	$\frac{6}{12}$	$\frac{6}{18}$	$\frac{6}{24}$	$\frac{6}{36}$	$\frac{6}{60}$	Totals.
Boys ...	4	3	—	1	1	1	10
Girls ...	4	2	1	—	2	—	9
	8	5	1	1	3	1	19

This Table shows that of the boys, numbering 88, the eyesight of 10, or 11.3 per cent., was defective in some degree; and of the girls, numbering 68, that of 9, or 13.2 per cent., was in a similar condition.

One may to a certain extent disregard cases in which the Visional Acuity is $\frac{6}{9}$ as being comparatively of little importance. This eliminates 8 cases, and gives a total of 11 defective cases urgently requiring treatment; this is roughly 7 per cent. of all those examined. Further dividing up these 11 cases, one finds that 6 of them have vision of less than $\frac{6}{12}$, one being only able to see $\frac{6}{60}$, 3 $\frac{6}{36}$, and one each $\frac{6}{24}$ and $\frac{6}{18}$. Defect to such an extent as this is sufficient to be a serious menace to health and educational progress. In some of the cases Internal Squint was present as a symptom of the existant Hypermetropia.

The defect of vision has been corrected by the prescription of suitable glasses in 3 cases; the other 8 have so far remained uncorrected. This result is certainly not in proportion to the efforts which have been made to persuade parents to obtain treatment.

It is difficult to understand some of the reasons given for neglect to obtain treatment for such an obvious defect as poor eyesight. I am afraid that in some cases it is simply lack of necessary interest on the part of the parent. The excuse usually made is that the father or the mother objects to the child wearing glasses; the reason for the objection being unobtainable, or, if obtained, not worth consideration.

I may mention that the old superstition which recommends the piercing of the ears and the wearing of ear-rings as a cure for defects of vision still lingers in the minds of some of the parents.

DISEASES OF EYE.

Blepharitis was found in 11 cases, and Conjunctivitis in 3. Those children affected with the latter were excluded from school till the condition was cured. One child had a completely blind eye, due to an accident some time previous to the inspection.

HEART DEFECTS.

Six children showed heart trouble; of these, 2 were boys and 4 girls. Special note was taken of them for purposes of comparison at re-inspections, the parents were informed of the condition and the necessity for care, and the teachers were notified as to the presence of heart disease, so that the child should not be subjected to unusual strain in physical exercises.

In considering these figures, it must be remembered that any very serious heart affection prevents attendance at school, and so the child does not come under observation at routine inspections.

RESPIRATORY SYSTEM.

At the time of inspection 32 children were found to be suffering from serious coughs. Of these, 24 were more or less of a temporary nature, and are recorded as Bronchial Catarrh; 5 others were found to be suffering from Bronchitis of a more serious nature, and were sent home as not fit to be in attendance at school.

Three cases were suspected to be suffering from Phthisis in its early stages, and were referred to the Inspection Clinic for further examination. Two of the cases are still doubtful, but one has been definitely diagnosed as Phthisis and notified as such.

DISEASES OF SKIN.

Only one case of Ringworm was found attending school at inspection times; the child was promptly excluded. This small number seems to indicate that the system whereby Ringworm cases are excluded from school has been well carried out.

Five cases of Impetigo were found and excluded, being required to present themselves regularly at the Inspection Clinic till fit to resume attendance.

The only other cases of skin trouble, save those mentioned before as due to the presence of vermin, were two in number: one, marked Seborrhœic Dermatitis, and the other Psoriasis. The latter was under treatment by a medical practitioner.

RICKETS.

In practically all so-called cases of this disease it is the almost irreparable consequences which are presented to the

School Medical Officer, and not the actual disease in progress; so that, beyond the recommendation of certain surgical procedures for the correction of deformities, and the suggestion of physical exercises for the same end, it is of little use advising treatment. The prevention of the condition, by suitable advice as to feeding and hygiene in the first two years of life, seems the only method of combatting the evil. This duty is, in Leamington, carried out under considerable difficulty by the Infant Health Society.

Seven children were found to have had Rickets.

ENLARGED THYROID GLAND.

Amongst the boys the extent of this condition is shown to be considerably less than amongst the girls; 4 boys, or 1.3 per cent., as against 10 girls, or 3.2 per cent. Most of the cases were of a slight nature, but in others the condition was so marked as to make one wonder why the parents had not been compelled to take action by the presence of such an obvious abnormality.

In all instances the condition was explained to the parents in its true significance, and every opportunity seized to urge the necessity for treatment.

DEFORMITIES, CONGENITAL AND ACQUIRED.

The following list shows the number and character of marked deformities found:—

Deflected Nasal Septum	2
High Arched Palate	2
Flat Foot	1
Talipus Valgus	1
Bifid Uvula	1
Inguinal Hernia	1

The child suffering from Inguinal Hernia is under constant medical supervision.

OTHER DEFECTS.

Chronic Rhinitis	19
Chronic Rheumatism	2
Anæmia...	14

Recognising the fact that Anæmia is frequently one of the first symptoms of Tuberculosis in children, one has kept a constant supervision over these cases, so as to be able to take prompt action should it be needed.

THE INSPECTION CLINIC.

The Clinic has continued during 1912, and the number of children seen has been much the same as in 1911, a grand total of 2,591, as against 2,606 in 1911. During the latter part of the year it was found necessary to regulate the attendance of the children, so two clinic times during each week, Tuesday from 2 to 3-30 p.m., and Saturday from 9-30—11 a.m., were set apart for that purpose. The previous arrangement whereby the children attended any morning up to 11 a.m. was unsatisfactory, in that it interfered with the other work of the Health Officer; as before, urgent cases are seen any morning.

A system has also been adopted by which the parent is supplied with a white card indicating the next date of attendance, which corresponds with a blue diagnosis card kept at the Office. By this means one knows which cases should attend on any certain date, and, therefore, is able to inform the School Attendance Officer and put in motion the machinery in order to obtain a reason for non-attendance, if necessary. Notes can also be kept with respect to the progress of individual cases, and at the end of the year one has a complete record of the work carried out at the Clinic.

Roughly speaking, there are three sources from which the cases seen at the School Clinics emanate:—

(1) Cases sent by the School Attendance Officer, who, in default of a medical certificate, wishes to know whether a child is fit to attend school.

(2) Cases sent by Teachers, who have found that this is the most satisfactory way of dealing with children apparently unwell.

(3) Children brought by Parents, who desire information respecting their health.

Of these three classes, the third is by far the largest. This is very satisfactory, and indicates that the Clinic is seen in its proper light, not merely as a place at which exemption from attendance at school may be easily obtained, but where a parent will be advised as to the best course to pursue in the interests of the child. Though treatment is not offered, the Clinic undoubtedly fulfils a necessary duty.

An analysis of the cases seen since the introduction of the cards, *i.e.*, some six weeks, gives the following result:—

Ringworm	19
Impetigo	13
Other Skin Diseases	3
Bronchial Catarrh and Colds	7
Bronchitis	5
Phthisis	1
Tuberculous Bones (Foot)	1
Tonsillitis	5
Otorrhœa	3
Anæmia and Debility	3
Rheumatism	2
Chorea	2
Heart Disease	1
Mental Defect	1
Injury	1
	65

RINGWORM.

From the above list it will be seen that Ringworm furnishes a considerable proportion of the cases, and this fact must be seriously considered. In all, during 1912, 66 cases of Ringworm, who paid 3,492 attendances to the Clinic, came under the notice of your Medical Officer, and the total time for which these cases were excluded from school was roughly 2,920 days, or an average of 44.2 days each. This result does not, of course, express the actual amount of school time lost. In order to obtain that figure a much more elaborate calculation would be required; but, on the other hand, it must be remembered that 9 of these children are still away from school, and that others were suffering from Ringworm of the Body, a condition much more amenable to treatment than that of the Head. Some of the children have been absent for six months, others for nearly twelve months, so that the extent to which the education of these children has been interfered with may be appreciated.

Treatment is obtained from various sources, from Private Practitioner, Dispensary, Hospital, Druggist, or the next-door neighbour, who states she has cured many cases by the simplest method imaginable. The ailment in itself seems to the parent so unimportant as hardly to warrant the expenditure of much money on medical attention, and one must admit that ordinary drug treatment is long and tedious—almost as unsatisfactory to the Doctor as to the parent. One cannot wonder, then, that the aid of the Druggist is invited for a time, and the application of various remedies is tried. In some few cases this may be efficacious; in most it is not so, and despair and discouragement are the result, with an abandonment of all treatment, and consequent retrogression of the condition.

A few cases, as many as possible under the circumstances, have been treated by the X-Rays at the Hospital, with very favourable results; other cases treated at the same Institution by ointments, etc., made small progress. It is evident, therefore, that if one considers economy of time, as one must do, X-Ray treatment is by far the most rapid and satisfactory in producing results.

IMPETIGO.

Though the number of these cases during 1912 was large, 65, yet it is an eminently curable condition, and quickly responds to treatment, so that little need be said of it, save that with the present regular routine inspection of schools for verminous conditions, it is hoped that the more serious cases, those of the scalp, may be much decreased in number.

OTHER CONDITIONS.

Of the other conditions, the one case of Phthisis only calls for comment. This child has been excluded from school, and is receiving medical treatment from the Warneford Hospital.

TREATMENT.

In all cases where a child was found to be suffering from any defect notice was sent to the parent, or a visit was paid by the Nurse, and a recommendation was made that treatment should be obtained at once.

It is impossible, owing to the absence of suitable records, to give the numbers and percentage of children whose defects have been remedied during the past year. A register has now been established in which the names of all cases found defective are entered; each School will be visited every quarter and a re-inspection made of those children found defective at routine inspections.

The sources of medical treatment remain the same as in previous years, and call for no further comment.

INFECTIOUS DISEASES.

The system of notification inaugurated by the late Medical Officer has been continued during the last year. This arrangement is of immense service in giving early notice of the commencement of Infectious Disease, with the obvious result that one can take such steps as are necessary to prevent the spread of infection.

Enquiries are made into each case by the School Nurse, and it seems as if the system would be improved if the Teachers were informed of the result of these enquiries and could act accordingly. I hope to carry out this alteration during the ensuing year.

SCHOOL CLOSURE.

Only one School Department was closed in 1912 on account of the prevalence of Infectious Disease:—Leicester Street Infant Department, from December 3rd up to the Christmas Holidays, *i.e.*, December 19th, because of the large number of children suffering from Measles.

This effectually stopped the spread of the infection, and the School re-opened with a satisfactory percentage after the Holidays.

Table XII.

CASES OF COMMUNICABLE DISEASE EXCLUDED FROM SCHOOL.

January to December, 1912.

	January.	February.	March.	April.	May.	June.	July.	August.	September.	October.	November.	December.	Totals.
Scarlatina... ...	1	...	...	...	...	...	...	...	2	1	2	1	7
Diphtheria ...	1	...	...	...	...	...	...	...	...	...	...	...	1
Whooping-Cough	...	...	...	...	...	...	...	...	9	15	1	5	30
Measles	...	...	...	...	...	1	3	...	...	4	9	56	73
Mumps	...	...	...	...	...	...	1	...	...	...	...	...	1
Chickenpox ...	4	14	10	...	...	1	1	...	...	5	14	39	88
Ringworm ...	5	8	9	11	13	4	8	...	3	4	4	5	74
Impetigo	7	6	3	1	3	3	3	...	9	7	17	7	66
Scabies	...	1	2	...	2	...	...	...	...	...	...	1	6
Totals	18	29	24	12	18	9	16	...	23	36	47	114	346

REPORT ON MEDICAL INSPECTION OF MUNICIPAL SECONDARY SCHOOLS.

In all 110 boys and 67 girls were examined, a total of 177, the remainder having obtained medical certificates from their own private Medical Practitioner. The greater number of those who were thus not examined by me were girls, as one would expect. The results are given in tabular form, following the order of the card used for inspection purposes.

CLOTHING & FOOTGEAR were, as a matter of course, considering social conditions, sufficient, and in some cases almost more than sufficient.

HEIGHT, WEIGHT, AND CHEST MEASUREMENTS.

Speaking generally, in the case of both boys and girls, the physical condition, as expressed by the figures in the appended table, was well up to the standard; in some cases, however, the number of children examined was so small as to give what at first sight appears discordant results.

AVERAGES OF HEIGHT, WEIGHT, AND CHEST MEASUREMENT.

Ages.		8	9	10	11	12	13	14	15	16	17	18
Weight in lbs.	Boys	53·3	58·0	64·9	71·0	78·2	70·5	97·6	119·5	119·8	103·5	—
	Girls	—	65·0	62·7	68·0	74·6	84·8	95·2	102·0	107·0	114·0	107·0
Height in inches.	Boys	48·5	55·6	53·7	56·8	57·8	52·0	60·4	65·5	66·1	64·8	—
	Girls	—	55·0	53 0	51·3	56·1	60·0	62·2	62·0	62·3	63·3	62·0
Chest Measurement in inches.	Boys	24·0	25·3	25‘5	26·8	27·3	27·6	29·3	32·1	31·8	31·3	—
	Girls	—	24·8	24·2	25·0	26·1	27·3	28·9	29·9	30·6	30·4	29·0

TEETH.

The condition of the teeth of the children varies much in individual cases; some have evidently had considerable attention bestowed on them, whereas others are in urgent need of dental treatment. When the parent was present the defect was pointed out, and treatment suggested. In the case of older children the fact could be sufficiently impressed on them personally.

The following *resumé* gives particulars of Dental Conditions :—

	Perfect Teeth.	Less than 4 Carious.	Four or more Carious.	Filled Teeth.
Boys	34	48	16	12
Girls	22	36	5	4
	56	84	21	16

The figures show that 58.1 per cent. of the boys are in need of Dental treatment more or less urgently, and that 61.1 per cent. of the girls are in the same state.

10.9 per cent. of the boys and 5.9 per cent. of the girls have had teeth filled or otherwise dentally treated.

NOSE AND THROAT.

	Enlarged Tonsils.	Adenoids.	Enlarged Tonsils and Adenoids.
Boys	8	1	—
Girls	3	—	1

DEFECTS OF VISION.

	Slight ($\frac{6}{12}$).	Serious ($\frac{6}{18}$ or less).
Boys	18	13
Girls	10	11

From the Table given it will be seen that 28.2 per cent. of the boys were visually defective, and 31.3 per cent. of the girls examined were in a similar condition.

I have divided these children up into two classes:—(1) Those who can see $\frac{6}{12}$ but cannot see anything smaller. (2) Those who can only see $\frac{6}{18}$ or less. These figures show that the serious defect is even greater amongst the girls than the lesser defect, no less than 16.5 per cent. being in such a condition that their want of visional acuity must be a serious drawback to them in their studies. In a like condition 11.8 per cent. of the boys were found. In all cases these conditions were pointed out to the Headmaster or Headmistress, with a view to treatment being obtained.

OTHER DEFECTS.

	Boys.	Girls.
Heart Troubles	3	7
Anæmia	1	2
Enlarged Thyroid	1	7
Poor Physique	1	—

Of these conditions, Heart Troubles call for most comment. It may be stated that none of the cases were of a serious nature, and any precautions that were recommended were simply to prevent the defect assuming serious proportions. The Boys were notified to the Headmaster as being unfit for athletic sports or gymnasium.

Of the 7 girls, 3 were only very slightly affected, and discontinuance of gymnasium was advised; drill being allowed. The other 4 were not fit for either gymnastics or drill.

The 2 girls suffering from Anæmia were advised to seek treatment, and have done so.

The cases of Enlarged Thyroid were only of a slight nature, but treatment was, however, suggested.

One boy, who is noted as being of poor physique, was in an exceptionally poor physical condition. He was brought to my notice by the Headmaster, who informed me that he had twelve miles daily to cycle to and from School. It was suggested that arrangements be made whereby he could stay with his relations in the immediate neighbourhood.